

CHATHAM POLICE DEPARTMENT

CHATHAM, MASSACHUSETTS 02633-2099 508-945-1213 • 508-945-2791 FAX



REQUEST FOR COPIES OF POLICE REPORTS

Name:		
Address (mailing addr	ess):	
Telephone:	Fax:	Date:
Involvement:		
		RTS: Case #
*** Also a	available On-Line at: <u>l</u>	nttp://chathamma.policereports.us
Name of Operator:		
Date of Accident:		Time:
Location:		
ALL OTHER INCID	DENT REPORTS:	Case #
Type of Incident:		
Date:		Time:
Location:		
[] Pick up at Police S [] Mail or Fax (copy	tation (copy fee payab fee & cost of postage/s	Check Box that applies ble upon receipt) fax fee payable prior to delivery) Chatham or Cash-exact change only please
SIGNATURE of pers	son making request: _	
be picked up. Some re Copy Fees for MV Ac	equests may take longe cident reports are \$5.0 actual cost for postage	O calendar days when the report is ready to er, depending on the investigation status. OO. Copy fees for all other reports are \$.05 o. Additional fees may apply per G.L. c. 66 \$ bublic Records.
For Departmental use Signature of employee	•	2016) orm:
Date request was subn	nitted:	Case Number: